Title: Implementation of a Statewide Standard of Care for Rapid Testing of Women in Labor with Unknown HIV Serostatus: The Role of Provider Education

Organization: National Pediatric & Family HIV Resource Center, FXB Center, University of Medicine & Dentistry of New Jersey

Lead author: Elaine Gross, RN, MS, CNSC

Additional authors: Carolyn K. Burr, EdD, RN; Sindy Paul, MD, MPH

Topical Issues of Focus: Rapid testing; Provider training

Background/Objectives

In New Jersey, the number of infants born with HIV infection continues to decrease, but a small number of pregnant women with HIV is not identified prior to delivery. For 1999 and 2000, NJ surveillance data indicated that 7 out of 8 infants infected with HIV were born to women whose HIV status was unknown to the delivery team. In response, the NJ Department of Health and Senior Services (NJDHSS), in collaboration with numerous stakeholders, developed a Standard of Care for counseling and rapid HIV testing (C&RT) for women in labor with unknown or undocumented HIV serostatus. The Standard of Care was widely disseminated to hospital administrators in January 2002. NJDHSS funded an educational project implemented by the National Pediatric & Family HIV Resource Center at the François-Xavier Bagnoud Center (NPHRC) to educate hospital staff, obstetricians, and nurse midwives about the Standard of Care, and to provide technical assistance to hospitals adopting the standard of care.

Methods

NPHRC/FXB developed a model curriculum on C&RT in labor. The curriculum was used for half-day training-of-trainers (TOT) workshops intended for nurse educators and nurse managers working in hospitals. The training focused on building skills for counseling women in labor, offering rapid testing, HIV pregnancy management, and reduction of perinatal transmission. NPHRC and NJDHSS partnered with the seven regional NJ Maternal and Child Health Consortia to sponsor the TOT. The consortia recruited nurses from member hospitals to participate in the training, provided nursing continuing education credits, and provided on-going support for training in the hospitals. TOT participants received the curriculum—a slide set in electronic format with extensive speaker notes, a “script” to help providers with counseling and giving test results, and a model hospital policy that could be adapted to local needs. They also received current references and a clinician support tool—a pocket-sized guide to the current Public Health Service Perinatal Guidelines. The curriculum was adapted for a 3-hour CME program designed for OBs, nurse midwives, and advance practice nurses(APN). These programs were cosponsored by the Academy of Medicine of New Jersey and featured presentations by well-regarded HIV/OB experts. Participants in all programs were surveyed about their hospital’s practices regarding HIV counseling and testing of pregnant women. With their permission, follow-up surveys were sent to participants four months after their training.

Results

Four TOT workshops held across the state reached 138 nurses representing 72 hospitals. Ninety additional providers attended three CME programs (26 MDs, 21 nurse midwives/Advance Practice Nurses, 26 OB/perinatal nurses, and 18 others). Of the 104 participants who completed the pretraining survey, 57 consented to be followed up after 4 months. A survey of pretraining practice found the following:

- 91% of participants were currently providing care to pregnant women;
- 78% of participants' hospitals had a policy on HIV C&RT for women in prenatal care;
- 79% reported that their hospitals almost always/always routinely inquired about and documented a woman's HIV status when she presents in labor;
- 51% almost always/always offered HIV C&RT during labor.

In hospitals with the capacity for rapid testing (N=53), 79% of respondents almost always/always offer ARVs to reduce perinatal transmission. A follow-up survey sent four months following the training documented changes in practice in a number of areas: (Response rate 37/57 = 65%).

- 97% (↑19%) of hospitals now had a policy for HIV C&T in prenatal care;
- 97% (↑19%) almost always/always offer ARVs to women known to have HIV.
- 94% of respondents reported that their hospitals almost always/always inquire about and document a woman's HIV status when she presents in labor—a statistically significant increase of 15% over the pretraining survey ($p \leq .01$).
- 62% of respondents reported that their hospital almost always/always offers HIV C&RT during labor—an increase of 11% from the pretraining survey.

In hospitals where counseling and rapid testing are available in labor (N=23), 96% almost always/always offer ARVs to reduce HIV transmission—an increase of 17% . Of the nurses in the follow-up survey, 75% thought the workshop had a positive or very positive impact on how they provide services to women at risk for HIV. Thirty-eight percent of the nurses had presented the curriculum to colleagues through in-service training, lectures, or self-study materials.

Conclusions

Focus on provider education including a counseling "script" for C&RT and a model hospital policy for women in labor with unknown or undocumented HIV serostatus can increase hospitals' ability to respond to recommendation for rapid HIV testing in labor. While universal HIV C&RT remains the best option for reducing perinatal HIV transmission and getting women into care, C&RT in labor provides an additional opportunity to reduce perinatal transmission and to identify women in need of care. Provider education successfully supported the implementation of a statewide standard of care for women in labor with unknown HIV seroprevalence. Posttraining evaluations showed that hospital practices had changed and that more women were being asked about their HIV status in labor, offered rapid HIV testing, and offered treatment. Partnering with professional organizations that are known and respected in the maternal-child health and HIV communities helped to assure that the information reached the appropriate intended audiences. Although some hospitals and professionals still believe that HIV is not a problem in their community, many have responded to the standard of care by establishing hospital policies and educating providers.